

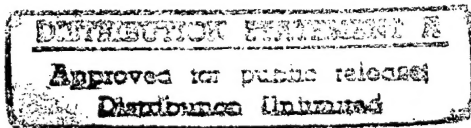
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SECOND SCIENTIFIC SESSION OF THE STATE SCIENTIFIC
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(9-12 February 1959)

/This is a translation of an unsigned article in
Kazanskiy Meditsinskiy (Kazan' Medical Journal),
Vol. 40, No. 5, 1959, pages 110-111./

(Theses of the reports, Moscow, 1959)

C. V. Andreyev, A. A. Znachkova, Yu. S. Chechulin (Moscow) studied the effect of cobalimin (B₁₂) on the regeneration of separated nerves of the hand and on the restoration of its function in 50 patients, and obtained an earlier and more complete restoration of the function of the traumatized nerve than with other means of stimulating therapy.

V. M. Vasyutochkin (Leningrad) found in his observation of people that work accompanied by physiological stress increases the need of the organism for vitamins C, B₁, B₂, B₆ and PP. During such a period of physiological stress, the administration of vitamins, primarily the B group is indicated as essential to the normalization of impaired processes of neural trophism.

S. I. Matsko, V. I. Gorbunova, A. A. Anisimova, A. T. Zhmeydo (Moscow) think that children between the ages of eight and 14 years, maintained on the usual diet of children's homes, require approximately 50 mg ascorbic acid per day (not over 80 mg).

A. V. Titayev (Moscow) recommends the administration of ascorbic acid in large doses to rheumatic patients, internally, after meals only) because it corrects to a large extent their impaired tyrosine metabolism.

S. V. Zuyeva and M. M. Velikovskaya (Moscow) found that the administration of vitamin B₁₂ to gastric and duodenal ulcer patients induces activation of protein metabolism and simultaneously increases the need of the organism for vitamin B₆. They consider it expedient to use a combination of vitamins (B₁₂, B₆, PP, etc.) in ulcer disease.

N. V. Lavina and Z. V. Zuyeva (Moscow) observed the effect of vitamins B₁₂ and B₆ on gastric and duodenal ulcer patients on the background of complex therapy (regime, diet No. 1 according to Pevzner, polyvitamins -- A, B₁, B₂, C -- in a physiological dose, alkali and atropin according to indications. The patients received B₁₂ parenterally, 30 to 50 micrograms daily for 25 days, and another group of patients received B₆ parenterally, 50 to 100 mg daily during the same period of time.

All these patients showed improvement in the general condition, the dyspeptic phenomena almost completely disappeared, pain and sickly sensation in the epigastrium disappeared or abated, the appetite improved, and their weight increased. An especially favorable course of the disease was observed when B₁₂ was used in the trophic type of ulcer disease.

I. B. Likhtsner (Stalinabad) noted the positive effect of B₆ administration on the functional state of the liver in Botkin's disease and cirrhosis. According to his observations, the use of B₁₂ and B₆ during the early stages of the ascitic period of atrophic cirrhosis of the liver may lead to cessation of accumulation of ascitic fluid.

S. A. Sudakova (Moscow) noted the positive therapeutic effect of B₆ on the clinical course of chronic hepatitis following Botkin's disease, the clinical improvement occurring much before the restoration of function of the liver.

Ye. D. Ponomareva (Moscow) thinks the impairment of B₁₂ metabolism in leucoses is connected with considerable changes in the protein metabolism. Presumably, B₁₂ assimilation is disturbed not only in the liver but in other organs as well.

The speaker thinks that the use of B₁₂ is not indicated in acute, nor in chronic leucoses when based on a hyperplastic process.

E. S. Stepanov (Moscow) found that pyridoxine removes the side reactions from phthivazide and has no effect whatever on streptomycin or paraaminosalicylic acid intolerance. Better results were obtained in intramuscular administration of pyridoxine in a daily dose of 200 mg, without discontinuing phthivazide administration.

When pyridoxine and phthivazide are used jointly, 15 to 30 days are sufficient; after this, a prolonged treatment with phthivazide alone can be carried out.

R. L. Shub (Riga) reported the use of vitamins in obstetrics. In order to normalize nervous activity during labor (analgesia and labor acceleration), pregnant women receive daily per os 15 mg of vitamins B₁ and B_{6A} -- 10 mg each of B₂ and folic acid -- during the two months prior

to labor.

At the start of labor 60 mg each of vitamins B₁ and B₆ are given intramuscularly, 500 micrograms of B₁₂ and perorally 40 mg of riboflavin and folic acid.

In toxicoses of pregnancy 60 mg. of B₆ are administered intramuscularly and 40 mg of folic acid perorally, daily for a period of 10 days.

The prophylactic daily use of B₁, 20 mg, and C, 50 mg, for about six weeks prior to labor helps in the prevention of hemorrhages during labor and induces normal uterine contractions during the postpartum period.

Daily use of 40 mg vitamin B₂ for a period of two months prior to labor contributed to a threefold reduction of frequency of fissures in the nipples of the mammary gland. A five percent riboflavin ointment is an effective remedy in the treatment of nipple fissures.

According to the speaker's observations, daily intake by pregnant women of 1,500 international units of vitamin D₂ for a period of two months prior to labor reduces the incidence of rickets in children threefold or more. According to the speaker's data, the alkaline phosphatase of the blood can serve as an objective indicator of the saturation of the organism with vitamin D.

V. A. Bogdanova (Moscow) established that the vitamin B₁₂ content in woman's milk is very low (from 0.02 to 0.26 micrograms per liter). In administering vitamin B₁₂ perorally (from 30 to 850 micrograms), or in intramuscular injection (30 micrograms), its content in the milk reaches maximum within six hours and exceeds the initial quantity by 300 to 450 percent.

R. L. Shub poses the question of mass factory production of tablets with vitamin B₁₂ (500 and 1,000) micrograms) for the vitaminization of lactating women.

Submitted 25 June 1959

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